* * * * * * * * * * Welcome to STN International * * * * * * * * * *

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| NEWS 1 | | Web Page URLs for STN Seminar Schedule - N. America |
| NEWS 2 | | "Ask CAS" for self-help around the clock |
| NEWS 3 | FEB 28 | PATDPAFULL - New display fields provide for legal status data from INPADOC |
| NEWS 4 | FEB 28 | BABS - Current-awareness alerts (SDIs) available |
| NEWS 5 | MAR 02 | GBFULL: New full-text patent database on STN |
| NEWS 6 | MAR 03 | REGISTRY/ZREGISTRY - Sequence annotations enhanced |
| NEWS 7 | MAR 03 | MEDLINE file segment of TOXCENTER reloaded |
| NEWS 8 | MAR 22 | KOREAPAT now updated monthly; patent information enhanced |
| NEWS 9 | MAR 22 | Original IDE display format returns to REGISTRY/ZREGISTRY |
| NEWS 10 | MAR 22 | PATDPASPC - New patent database available |
| NEWS 11 | MAR 22 | REGISTRY/ZREGISTRY enhanced with experimental property tags |
| NEWS 12 | APR 04 | EPFULL enhanced with additional patent information and new fields |
| NEWS 13 | APR 04 | EMBASE - Database reloaded and enhanced |
| NEWS 14 | APR 18 | New CAS Information Use Policies available online |
| NEWS 15 | APR 25 | Patent searching, including current-awareness alerts (SDIs), based on application date in CA/CAplus and USPATFULL/USPAT2 may be affected by a change in filing date for U.S. applications. |
| NEWS 16 | APR 28 | Improved searching of U.S. Patent Classifications for U.S. patent records in CA/CAplus |
| NEWS 17 | MAY 23 | GBFULL enhanced with patent drawing images |
| NEWS 18 | MAY 23 | REGISTRY has been enhanced with source information from CHEMCATS |
| NEWS 19 | JUN 06 | The Analysis Edition of STN Express with Discover! (Version 8.0 for Windows) now available |
| NEWS 20 | JUN 13 | RUSSIAPAT: New full-text patent database on STN |
| NEWS 21 | JUN 13 | FRFULL enhanced with patent drawing images |
| NEWS 22 | JUN 27 | MARPAT displays enhanced with expanded G-group definitions and text labels |
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| NEWS 25 | JUL 13 | SCISEARCH reloaded |
| NEWS 26 | JUL 20 | Powerful new interactive analysis and visualization software, STN AnaVist, now available |
| NEWS 27 | AUG 11 | Derwent World Patents Index(R) web-based training during August |
| NEWS 28 | AUG 11 | STN AnaVist workshops to be held in North America |
| NEWS 29 | AUG 30 | CA/CAplus -Increased access to 19th century research documents |
| NEWS 30 | AUG 30 | CASREACT - Enhanced with displayable reaction conditions |

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| NEWS EXPRESS | JUNE 13 CURRENT WINDOWS VERSION IS V8.0, CURRENT MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP), AND CURRENT DISCOVER FILE IS DATED 13 JUNE 2005 |
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| NEWS INTER | General Internet Information |
| NEWS LOGIN | Welcome Banner and News Items |
| NEWS PHONE | Direct Dial and Telecommunication Network Access to STN |
| NEWS WWW | CAS World Wide Web Site (general information) |

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FILE 'HOME' ENTERED AT 18:51:18 ON 02 SEP 2005

=> file medline
COST IN U.S. DOLLARS                                  SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       0.21       0.21

FILE 'MEDLINE' ENTERED AT 18:51:31 ON 02 SEP 2005

 FILE LAST UPDATED: 2 SEP 2005 (20050902/UP).  FILE COVERS 1950 TO DATE.

 On December 19, 2004, the 2005 MeSH terms were loaded.

 The MEDLINE reload for 2005 is now available.  For details enter HELP
 RLOAD at an arrow promt (=>).  See also:

    http://www.nlm.nih.gov/mesh/
    http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

 OLDMEDLINE now back to 1950.

 MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
 MeSH 2005 vocabulary.

 This file contains CAS Registry Numbers for easy and accurate
 substance identification.

=> s (angiotensin? inhibitor or ramipril or ramiprilat or captopril or enalaprilat)
         72851 ANGIOTENSIN?
        261278 INHIBITOR
            13 ANGIOTENSIN? INHIBITOR
                 (ANGIOTENSIN?(W)INHIBITOR)
          1413 RAMIPRIL
           244 RAMIPRILAT
         10839 CAPTOPRIL
           996 ENALAPRILAT
L1        12861 (ANGIOTENSIN? INHIBITOR OR RAMIPRIL OR RAMIPRILAT OR CAPTOPRIL
              OR ENALAPRILAT)

=> s (visual? acuity or vision?)
        260432 VISUAL?
         42733 ACUITY
         39761 VISUAL? ACUITY
                 (VISUAL?(W)ACUITY)
         72191 VISION?
L2       98470 (VISUAL? ACUITY OR VISION?)

=> s l1 and l2
L3           10 L1 AND L2

=> d 1-10

L3   ANSWER 1 OF 10      MEDLINE on STN
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Full Text | Citing References

AN 2004573719 MEDLINE
DN PubMed ID: 15534123
TI Risks of progression of retinopathy and **vision** loss related to tight blood pressure control in type 2 diabetes mellitus: UKPDS 69.
CM Comment in: Arch Ophthalmol. 2004 Nov;122(11):1707-9. PubMed ID: 15534135
Comment in: J Fam Pract. 2005 Feb;54(2):106. PubMed ID: 15689281
AU Matthews David R; Stratton Irene M; Aldington Stephen J; Holman Rury R; Kohner Eva M
CS Oxford Centre for Diabetes, Endocrinology, and Metabolism, Churchill Hospital, England. (UK Prospective Diabetes Study Group). david.matthews@ocdem.ox.ac.uk
SO Archives of ophthalmology, (2004 Nov) 122 (11) 1631-40.
Journal code: 7706534. ISSN: 0003-9950.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200411
ED Entered STN: 20041120
Last Updated on STN: 20041220
Entered Medline: 20041130

L3 ANSWER 2 OF 10 MEDLINE on STN

Full Text | Citing References

AN 2002272114 MEDLINE
DN PubMed ID: 12011739
TI [Experience with **Ramipril** (Triatec(R)) in the treatment of glaucomatous neuropathy].
Traitement de la neuropathie glaucomateuse par le **Ramipril** (Triatec(R)).
AU Rekik R
CS 3 avenue Louis Braille, 1002 Tunis (Tunisie), France.
SO Journal francais d'ophtalmologie, (2002 Apr) 25 (4) 357-65.
Journal code: 7804128. ISSN: 0181-5512.
CY France
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA French
FS Priority Journals
EM 200207
ED Entered STN: 20020516
Last Updated on STN: 20020726
Entered Medline: 20020725

L3 ANSWER 3 OF 10 MEDLINE on STN

Full Text | Citing References

AN 1999327109 MEDLINE
DN PubMed ID: 10398549
TI United Kingdom prospective diabetes study (UKPDS): what now or so what?.
AU Leslie R D
CS Department of Diabetes and Metabolism, St Bartholomew's Hospital, 3rd Floor, Dominion House, 59 Bartholomew Close, West Smithfield, London EC1A 7BE, UK.. R.D.Leslie@mds.qmw.ac.uk
SO Diabetes/metabolism research and reviews, (1999 Jan-Feb) 15 (1) 65-71.
Journal code: 100883450. ISSN: 1520-7552.
CY ENGLAND: United Kingdom

DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200003
ED Entered STN: 20000413
Last Updated on STN: 20000413
Entered Medline: 20000331

L3 ANSWER 4 OF 10 MEDLINE on STN
Full Text | Citing References
AN 1998404065 MEDLINE
DN PubMed ID: 9732338
TI Efficacy of atenolol and **captopril** in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. UK Prospective Diabetes Study Group.
CM Comment in: BMJ. 1998 Sep 12;317(7160):691-2. PubMed ID: 9732333
Comment in: BMJ. 1998 Sep 12;317(7160):693-4. PubMed ID: 9732334
Comment in: BMJ. 1999 Mar 6;318(7184):666-7; author reply 668. PubMed ID: 10066218
Comment in: BMJ. 1999 Mar 6;318(7184):667-8. PubMed ID: 10215366
Comment in: BMJ. 1999 Mar 6;318(7184):667; author reply 668. PubMed ID: 10215364
AU Anonymous
SO BMJ (Clinical research ed.), (1998 Sep 12) 317 (7160) 713-20.
Journal code: 8900488. ISSN: 0959-8138.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199810
ED Entered STN: 19990106
Last Updated on STN: 20021001
Entered Medline: 19981028

L3 ANSWER 5 OF 10 MEDLINE on STN
Full Text | Citing References
AN 1998404064 MEDLINE
DN PubMed ID: 9732337
TI Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group.
CM Comment in: BMJ. 1998 Sep 12;317(7160):691-2. PubMed ID: 9732333
Comment in: BMJ. 1998 Sep 12;317(7160):693-4. PubMed ID: 9732334
Comment in: BMJ. 1999 Mar 6;318(7184):666-7; author reply 668. PubMed ID: 10066218
Comment in: BMJ. 1999 Mar 6;318(7184):667-8. PubMed ID: 10215366
Comment in: BMJ. 1999 Mar 6;318(7184):667; author reply 668. PubMed ID: 10215364
Comment in: BMJ. 1999 Mar 6;318(7184):667; author reply 668. PubMed ID: 10215365
Comment in: BMJ. 2000 Mar 18;320(7237):732. PubMed ID: 10720342
Comment in: BMJ. 2002 Apr 6;324(7341):849; author reply 849-50. PubMed ID: 11936161

Erratum in: BMJ 1999 Jan 2;318(7175):29
AU Anonymous
SO BMJ (Clinical research ed.), (1998 Sep 12) 317 (7160) 703-13.
Journal code: 8900488. ISSN: 0959-8138.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199810
ED Entered STN: 19990106
Last Updated on STN: 20021001
Entered Medline: 19981028

L3 ANSWER 6 OF 10 MEDLINE on STN
Full Text | Cited References
AN 90271417 MEDLINE
DN PubMed ID: 2190030
TI A case of mixed connective tissue disease complicated with malignant hypertension.
AU Takeda K; Takagi N; Tokita Y; Yabana M; Ishii M
CS Second Department of Internal Medicine, Yokohama City University, School of Medicine.
SO Nippon Jinzo Gakkai shi, (1990 Jan) 32 (1) 111-6.
Journal code: 7505731. ISSN: 0385-2385.
CY Japan
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA Japanese
FS Priority Journals
EM 199007
ED Entered STN: 19900810
Last Updated on STN: 19900810
Entered Medline: 19900711

L3 ANSWER 7 OF 10 MEDLINE on STN
Full Text | Cited References
AN 90166338 MEDLINE
DN PubMed ID: 2407265
TI Self-reported side effects from antihypertensive drugs. A clinical trial. Quality of Life Research Group.
AU Schoenberger J A; Croog S H; Sudilovsky A; Levine S; Baume R M
CS Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois 60612.
SO American journal of hypertension : journal of the American Society of Hypertension, (1990 Feb) 3 (2) 123-32.
Journal code: 8803676. ISSN: 0895-7061.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 199004
ED Entered STN: 19900601
Last Updated on STN: 19900601
Entered Medline: 19900410

L3 ANSWER 8 OF 10 MEDLINE on STN

Full Text | Citing References

AN 88241230 MEDLINE
DN PubMed ID: 3132219
TI Eye pain with nifedipine and disturbance of taste with **captopril**: a mutually controlled study showing a method of postmarketing surveillance.
AU Coulter D M
CS National Toxicology Group, Medical School, Dunedin, New Zealand.
SO British medical journal (Clinical research ed.), (1988 Apr 16) 296 (6629) 1086-8.
Journal code: 8302911. ISSN: 0267-0623.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198807
ED Entered STN: 19900308
Last Updated on STN: 19900308
Entered Medline: 19880718

L3 ANSWER 9 OF 10 MEDLINE on STN

Full Text | Citing References

AN 87312538 MEDLINE
DN PubMed ID: 3041080
TI Familial hyper-angiotensin converting enzyme (ACE)-emia: increased production of ACE by monocyte-macrophage.
AU Okabe T; Fujisawa M; Watanabe J; Yotsumoto H; Takaku F
SO Japanese journal of medicine, (1987 May) 26 (2) 140-6.
Journal code: 0247713. ISSN: 0021-5120.
CY Japan
DT (CASE REPORTS)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198710
ED Entered STN: 19900305
Last Updated on STN: 19900305
Entered Medline: 19871020

L3 ANSWER 10 OF 10 MEDLINE on STN

Full Text | Citing References

AN 86114375 MEDLINE
DN PubMed ID: 3910775
TI **Captopril** as a replacement for multiple therapy in hypertension: a controlled study.
AU Yodfat Y; Fidel J; Bloom D S
SO Journal of hypertension. Supplement : official journal of the International Society of Hypertension, (1985 Nov) 3 (2) S155-8.
Journal code: 8501422. ISSN: 0952-1178.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198602
ED Entered STN: 19900321

Last Updated on STN: 19900321
Entered Medline: 19860228

=> d an dn ti so ab kwic 3-10

L3 ANSWER 3 OF 10 MEDLINE on STN

Full Text | Citing References

AN 1999327109 MEDLINE
DN PubMed ID: 10398549
TI United Kingdom prospective diabetes study (UKPDS): what now or so what?.
SO Diabetes/metabolism research and reviews, (1999 Jan-Feb) 15 (1) 65-71.
Journal code: 100883450. ISSN: 1520-7552.
AB The UKPDS was a 20-year study involving 23 centres in the United Kingdom. More than 5000 patients with Type 2 diabetes were recruited. The aim of the study was to determine the impact of intensive blood glucose control on 21 predetermined clinical endpoints using, in the care of blood glucose control, sulphonylureas or insulin therapy or, in the overweight patient, treatment with metformin. In addition, the study investigated the impact of intensive blood pressure control on macro- and microvascular complications of diabetes and compared **captopril** treatment with atenolol. UKPDS found that improved control of blood glucose or blood pressure reduced the risk of major diabetic eye disease by one quarter, serious deterioration of **vision** by nearly one half, early kidney damage by one third, strokes by one third, and death from diabetes-related causes by one third. Blood glucose control had little or no effect on macrovascular events. There was no evidence of a major detrimental effect of the drugs or insulin on survival or outcome other than the expected risk of hypoglycaemia. Metformin appeared to be the drug of choice in obese diabetic patients. The targets of glucose and blood pressure control were often achieved by using several drugs. Many patients at the end of the studies were on four or five drugs for blood glucose and blood pressure treatment. The results and implications of the study are discussed. It is proposed that the results of UKPDS herald a new era of more focused therapy of Type 2 diabetes.

AB . . . addition, the study investigated the impact of intensive blood pressure control on macro- and microvascular complications of diabetes and compared **captopril** treatment with atenolol. UKPDS found that improved control of blood glucose or blood pressure reduced the risk of major diabetic eye disease by one quarter, serious deterioration of **vision** by nearly one half, early kidney damage by one third, strokes by one third, and death from diabetes-related causes by. . .

L3 ANSWER 4 OF 10 MEDLINE on STN

Full Text | Citing References

AN 1998404065 MEDLINE
DN PubMed ID: 9732338
TI Efficacy of atenolol and **captopril** in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. UK Prospective Diabetes Study Group.
SO BMJ (Clinical research ed.), (1998 Sep 12) 317 (7160) 713-20.
Journal code: 8900488. ISSN: 0959-8138.
AB OBJECTIVE: To determine whether tight control of blood pressure with either a beta blocker or an angiotensin converting enzyme inhibitor has a specific advantage or disadvantage in preventing the macrovascular and microvascular complications of type 2 diabetes. DESIGN: Randomised controlled trial comparing an angiotensin converting enzyme inhibitor

(**captopril**) with a beta blocker (atenolol) in patients with type 2 diabetes aiming at a blood pressure of <150/<85 mm Hg. SETTING: 20 hospital based clinics in England, Scotland, and Northern Ireland. SUBJECTS: 1148 hypertensive patients with type 2 diabetes (mean age 56 years, mean blood pressure 160/94 mm Hg). Of the 758 patients allocated to tight control of blood pressure, 400 were allocated to **captopril** and 358 to atenolol. 390 patients were allocated to less tight control of blood pressure. MAIN OUTCOME MEASURES: Predefined clinical end points, fatal and non-fatal, related to diabetes, death related to diabetes, and all cause mortality. Surrogate measures of microvascular and macrovascular disease included urinary albumin excretion and retinopathy assessed by retinal photography. RESULTS: **Captopril** and atenolol were equally effective in reducing blood pressure to a mean of 144/83 mm Hg and 143/81 mm Hg respectively, with a similar proportion of patients (27% and 31%) requiring three or more antihypertensive treatments. More patients in the **captopril** group than the atenolol group took the allocated treatment: at their last clinic visit, 78% of those allocated **captopril** and 65% of those allocated atenolol were taking the drug (P<0.0001). **Captopril** and atenolol were equally effective in reducing the risk of macrovascular end points. Similar proportions of patients in the two groups showed deterioration in retinopathy by two grades after nine years (31% in the **captopril** group and 37% in the atenolol group) and developed clinical grade albuminuria >=300 mg/l (5% and 9%). The proportion of patients with hypoglycaemic attacks was not different between groups, but mean weight gain in the atenolol group was greater (3.4 kg v 1.6 kg). CONCLUSION: Blood pressure lowering with **captopril** or atenolol was similarly effective in reducing the incidence of diabetic complications. This study provided no evidence that either drug has any specific beneficial or deleterious effect, suggesting that blood pressure reduction in itself may be more important than the treatment used.

TI Efficacy of atenolol and **captopril** in reducing risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 39. UK Prospective Diabetes Study Group.

AB . . . preventing the macrovascular and microvascular complications of type 2 diabetes. DESIGN: Randomised controlled trial comparing an angiotensin converting enzyme inhibitor (**captopril**) with a beta blocker (atenolol) in patients with type 2 diabetes aiming at a blood pressure of <150/<85 mm Hg.. . . blood pressure 160/94 mm Hg). Of the 758 patients allocated to tight control of blood pressure, 400 were allocated to **captopril** and 358 to atenolol. 390 patients were allocated to less tight control of blood pressure. MAIN OUTCOME MEASURES: Predefined clinical. . . cause mortality. Surrogate measures of microvascular and macrovascular disease included urinary albumin excretion and retinopathy assessed by retinal photography. RESULTS: **Captopril** and atenolol were equally effective in reducing blood pressure to a mean of 144/83 mm Hg and 143/81 mm Hg. . . respectively, with a similar proportion of patients (27% and 31%) requiring three or more antihypertensive treatments. More patients in the **captopril** group than the atenolol group took the allocated treatment: at their last clinic visit, 78% of those allocated **captopril** and 65% of those allocated atenolol were taking the drug (P<0.0001). **Captopril** and atenolol were equally effective in reducing the risk of macrovascular end points. Similar proportions of patients in the two groups showed deterioration in retinopathy by two grades after nine years (31% in the **captopril** group and 37% in the atenolol group) and developed clinical grade albuminuria >=300 mg/l (5% and 9%). The proportion of. . . but mean weight gain in the atenolol group was greater (3.4 kg v 1.6 kg). CONCLUSION: Blood pressure lowering with **captopril** or atenolol was similarly effective in reducing the incidence of diabetic complications. This study provided no evidence that either drug. . .

CT . . .

*Adrenergic beta-Antagonists: TU, therapeutic use
*Angiotensin-Converting Enzyme Inhibitors: TU, therapeutic use
*Antihypertensive Agents: TU, therapeutic use
*Atenolol: TU, therapeutic use
***Captopril: TU, therapeutic use**
Cerebrovascular Disorders: PC, prevention & control
*Diabetes Mellitus, Type 2: CO, complications
Diabetic Angiopathies: PP, physiopathology
*Diabetic. . . Peripheral Vascular Diseases: PC, prevention & control
Prospective Studies
Research Support, Non-U.S. Gov't
Research Support, U.S. Gov't, P.H.S.
Treatment Outcome
**Visual Acuity**
Weight Gain: DE, drug effects
RN 29122-68-7 (Atenolol); **62571-86-2 (Captopril)**

L3 ANSWER 5 OF 10 MEDLINE on STN

Full Text | Citing References

AN 1998404064 MEDLINE
DN PubMed ID: 9732337
TI Tight blood pressure control and risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38. UK Prospective Diabetes Study Group.
SO BMJ (Clinical research ed.), (1998 Sep 12) 317 (7160) 703-13.
Journal code: 8900488. ISSN: 0959-8138.
AB OBJECTIVE: To determine whether tight control of blood pressure prevents macrovascular and microvascular complications in patients with type 2 diabetes. DESIGN: Randomised controlled trial comparing tight control of blood pressure aiming at a blood pressure of <150/85 mm Hg (with the use of an angiotensin converting enzyme inhibitor **captopril** or a beta blocker atenolol as main treatment) with less tight control aiming at a blood pressure of <180/105 mm Hg. SETTING: 20 hospital based clinics in England, Scotland, and Northern Ireland. SUBJECTS: 1148 hypertensive patients with type 2 diabetes (mean age 56, mean blood pressure at entry 160/94 mm Hg); 758 patients were allocated to tight control of blood pressure and 390 patients to less tight control with a median follow up of 8.4 years. MAIN OUTCOME MEASURES: Predefined clinical end points, fatal and non-fatal, related to diabetes, deaths related to diabetes, and all cause mortality. Surrogate measures of microvascular disease included urinary albumin excretion and retinal photography. RESULTS: Mean blood pressure during follow up was significantly reduced in the group assigned tight blood pressure control (144/82 mm Hg) compared with the group assigned to less tight control (154/87 mm Hg) (P<0.0001). Reductions in risk in the group assigned to tight control compared with that assigned to less tight control were 24% in diabetes related end points (95% confidence interval 8% to 38%) (P=0.0046), 32% in deaths related to diabetes (6% to 51%) (P=0.019), 44% in strokes (11% to 65%) (P=0.013), and 37% in microvascular end points (11% to 56%) (P=0.0092), predominantly owing to a reduced risk of retinal photocoagulation. There was a non-significant reduction in all cause mortality. After nine years of follow up the group assigned to tight blood pressure control also had a 34% reduction in risk in the proportion of patients with deterioration of retinopathy by two steps (99% confidence interval 11% to 50%) (P=0.0004) and a 47% reduced risk (7% to 70%) (P=0.004) of deterioration in **visual acuity** by three lines of the early treatment of diabetic retinopathy study (ETDRS) chart. After nine years of follow up 29% of patients in the group assigned to tight control required three or more treatments to lower blood pressure to achieve target blood pressures. CONCLUSION: Tight blood pressure control

in patients with hypertension and type 2 diabetes achieves a clinically important reduction in the risk of deaths related to diabetes, complications related to diabetes, progression of diabetic retinopathy, and deterioration in **visual acuity**.

AB . . . blood pressure aiming at a blood pressure of <150/85 mm Hg (with the use of an angiotensin converting enzyme inhibitor **captopril** or a beta blocker atenolol as main treatment) with less tight control aiming at a blood pressure of <180/105 mm. . . steps (99% confidence interval 11% to 50%) (P=0.0004) and a 47% reduced risk (7% to 70%) (P=0.004) of deterioration in **visual acuity** by three lines of the early treatment of diabetic retinopathy study (ETDRS) chart. After nine years of follow up 29%. . . reduction in the risk of deaths related to diabetes, complications related to diabetes, progression of diabetic retinopathy, and deterioration in **visual acuity**.

CT . . .

etiology

*Angiotensin-Converting Enzyme Inhibitors: TU, therapeutic use
*Antihypertensive Agents: TU, therapeutic use
*Atenolol: TU, therapeutic use
Blood Glucose: ME, metabolism
***Captopril: TU, therapeutic use**
Cerebrovascular Disorders: PC, prevention & control
*Diabetes Mellitus, Type 2: CO, complications
Diabetic Angiopathies: PP, physiopathology
*Diabetic. . . Vascular Diseases: PC, prevention & control
Prospective Studies
Proteinuria: ET, etiology
Research Support, Non-U.S. Gov't
Research Support, U.S. Gov't, P.H.S.
**Visual Acuity**
Weight Gain: DE, drug effects

RN 29122-68-7 (Atenolol); **62571-86-2 (Captopril)**

L3 ANSWER 6 OF 10 MEDLINE on STN

Full Text | Citing References

AN 90271417 MEDLINE
DN PubMed ID: 2190030
TI A case of mixed connective tissue disease complicated with malignant hypertension.
SO Nippon Jinzo Gakkai shi, (1990 Jan) 32 (1) 111-6.
Journal code: 7505731. ISSN: 0385-2385.
AB This case was a 51-year-old woman, who had been diagnosed as having rheumatoid arthritis at some clinic and had been treated with both non-steroidal anti-inflammatory drugs and steroid 3 years before visiting our clinic. When she noticed a decrease in **visual acuity** and general fatigue in June 1985, she was referred to an ophthalmologist of our hospital, and found to have blood pressure of 240/150 mmHg and KW grade IV retinal findings. She was admitted in our department to examine and treat malignant hypertension. On admission, remarkable hypergammaglobulinemia (29.3%), arthralgia, arthral deformity and pericardial effusion were present thus, she was suspected to be suffering from malignant rheumatoid arthritis. Anti-nuclear antibody (64X), anti-nuclear ribonucleoprotein antibody (64X) and anti-RNase sensitive antibody of anti-extractable nuclear antigens (ENA) antibody (81920X) were positive, while anti-RNase resistant antibody of anti-ENA antibody was negative. Immunologically, her condition was consistent with mixed connective tissue disease (MCTD). Since urinary protein was positive and creatinine clearance was 46.0 ml/min, renal function was thought to be diminished. Her chest roentgenogram revealed cardiomegaly (CTR 67.5%) and an increase in

pulmonary vascular shadow. An echocardiogram demonstrated the presence of pericardial effusion. Plasma renin activity was 3.3 ng/ml/h and it was suspected that an intrarenal ischemic change resulted in increased renin release from the juxta-glomerular apparatus, leading to the marked hypertension. Treatment was started with prednisolone 60 mg/day during 4 weeks.(ABSTRACT TRUNCATED AT 250 WORDS)

AB . . . treated with both non-steroidal anti-inflammatory drugs and steroid 3 years before visiting our clinic. When she noticed a decrease in **visual acuity** and general fatigue in June 1985, she was referred to an ophthalmologist of our hospital, and found to have blood. . .

CT Check Tags: Female
**Captopril: TU, therapeutic use**
Drug Therapy, Combination
English Abstract
Humans
Hypertension, Malignant: DT, drug therapy
*Hypertension, Malignant: ET, etiology
Middle. . .

RN 19216-56-9 (Prazosin); 50-24-8 (Prednisolone); **62571-86-2 (Captopril)**

L3 ANSWER 7 OF 10 MEDLINE on STN

Full Text | Patent References

AN 90166338 MEDLINE

DN PubMed ID: 2407265

TI Self-reported side effects from antihypertensive drugs. A clinical trial. Quality of Life Research Group.

SO American journal of hypertension : journal of the American Society of Hypertension, (1990 Feb) 3 (2) 123-32.
Journal code: 8803676. ISSN: 0895-7061.

AB We report on the distress associated with physical symptoms in 761 male hypertensive patients enrolled in a clinical trial of the effects of **captopril**, methyldopa or propranolol on quality of life. Educational level at entry into the trial showed a negative association with a series of physical symptom distress items among patients not previously treated with antihypertensive medications but no association with symptoms among the previously treated. Over the 24 weeks of therapy **captopril** as monotherapy was associated with no change from baseline in distress in all symptoms examined. In contrast, distress increased in the methyldopa treated patients for dry mouth and blurred **vision**. Propranolol treated patients had increased "trouble getting breath," bradycardia, shortness of breath or wheezing, and blurred **vision**. Between group comparisons revealed significant differences favorably comparing **captopril** to both methyldopa and propranolol in regard to fatigue, and blurred **vision**, as well as to methyldopa alone for dry mouth and "feeling worn out." There were significant differences as well between **captopril** and propranolol with patients on propranolol worsening in bradycardia. Other comparisons of patients on propranolol and methyldopa monotherapy showed propranolol patients worsening in bradycardia and loss of taste, but methyldopa patients reported more dry mouth and feeling worn out than those on propranolol. The addition of hydrochlorothiazide to therapy worsened total physical symptom distress scores for methyldopa and propranolol patients. This study confirms the value of methods which assess the degree of distress associated with symptoms commonly reported by hypertensive patients receiving antihypertensive medications. This approach can be useful in establishing a treatment regimen least likely to cause distress and can be of value in preserving quality of life, preventing noncompliance, and withdrawal from treatment.

AB . . . the distress associated with physical symptoms in 761 male hypertensive patients enrolled in a clinical trial of the effects of

**captopril**, methyldopa or propranolol on quality of life. Educational level at entry into the trial showed a negative association with a. . . previously treated with antihypertensive medications but no association with symptoms among the previously treated. Over the 24 weeks of therapy **captopril** as monotherapy was associated with no change from baseline in distress in all symptoms examined. In contrast, distress increased in the methyldopa treated patients for dry mouth and blurred **vision**. Propranolol treated patients had increased "trouble getting breath," bradycardia, shortness of breath or wheezing, and blurred **vision**. Between group comparisons revealed significant differences favorably comparing **captopril** to both methyldopa and propranolol in regard to fatigue, and blurred **vision**, as well as to methyldopa alone for dry mouth and "feeling worn out." There were significant differences as well between **captopril** and propranolol with patients on propranolol worsening in bradycardia. Other comparisons of patients on propranolol and methyldopa monotherapy showed propranolol. . .

CT Check Tags: Comparative Study; Male
Adult
Age Factors
Aged
*Antihypertensive Agents: AE, adverse effects
**Captopril: AD, administration & dosage**
**Captopril: AE, adverse effects**
Clinical Trials
Double-Blind Method
Drug Therapy, Combination
Educational Status
Humans
Hydrochlorothiazide: AD, administration & dosage
Hydrochlorothiazide:. . .

RN 525-66-6 (Propranolol); 555-30-6 (Methyldopa); 58-93-5 (Hydrochlorothiazide); **62571-86-2 (Captopril)**

L3 ANSWER 8 OF 10 MEDLINE on STN

Full Text | Citing References

AN 88241230 MEDLINE
DN PubMed ID: 3132219
TI Eye pain with nifedipine and disturbance of taste with **captopril**: a mutually controlled study showing a method of postmarketing surveillance.
SO British medical journal (Clinical research ed.), (1988 Apr 16) 296 (6629) 1086-8.
Journal code: 8302911. ISSN: 0267-0623.
AB Several notifications of eye pain and blurred **vision** associated with treatment with nifedipine were received by New Zealand's Intensive Medicines Monitoring Programme. A questionnaire survey of patients taking nifedipine was undertaken to test the importance of these associations, with disturbance of taste associated with **captopril** taken as a methodological control. Altogether 961 patients taking nifedipine and 368 taking **captopril** were sent a questionnaire that asked whether any eye problems and changes in the sense of taste had occurred while they were taking the drug and whether these had resolved after treatment was stopped. Compliance was high: of 922 and 343 questionnaires that were assumed to have been delivered to patients taking nifedipine and **captopril**, respectively, 770 (84%) and 295 (86%) were returned satisfactorily completed. The distribution of sex was comparable in the two groups; patients taking **captopril** were slightly younger. Eye symptoms were reported in both groups, but eye pain was significantly more common in patients taking nifedipine (107 (14%) compared with 26 (9%) patients taking **captopril**). This is a new finding and may be related to

ocular vasodilatation. Theoretically, glaucoma is a possible adverse reaction. Loss of taste was significantly associated with **captopril**, but no other disturbances of taste showed significant associations. Loss of taste persisted in 27 out of 35 patients who continued to take **captopril** and in three out of eight patients when the drug was withdrawn. This study showed a method of assessing early signs of adverse drug reactions, which has been used once before and identified previously unrecognised reactions.

TI Eye pain with nifedipine and disturbance of taste with **captopril**: a mutually controlled study showing a method of postmarketing surveillance.

AB Several notifications of eye pain and blurred **vision** associated with treatment with nifedipine were received by New Zealand's Intensive Medicines Monitoring Programme. A questionnaire survey of patients taking nifedipine was undertaken to test the importance of these associations, with disturbance of taste associated with **captopril** taken as a methodological control. Altogether 961 patients taking nifedipine and 368 taking **captopril** were sent a questionnaire that asked whether any eye problems and changes in the sense of taste had occurred while. . . Compliance was high: of 922 and 343 questionnaires that were assumed to have been delivered to patients taking nifedipine and **captopril**, respectively, 770 (84%) and 295 (86%) were returned satisfactorily completed. The distribution of sex was comparable in the two groups; patients taking **captopril** were slightly younger. Eye symptoms were reported in both groups, but eye pain was significantly more common in patients taking nifedipine (107 (14%) compared with 26 (9%) patients taking **captopril**). This is a new finding and may be related to ocular vasodilatation. Theoretically, glaucoma is a possible adverse reaction. Loss of taste was significantly associated with **captopril**, but no other disturbances of taste showed significant associations. Loss of taste persisted in 27 out of 35 patients who continued to take **captopril** and in three out of eight patients when the drug was withdrawn. This study showed a method of assessing early. . .

CT Check Tags: Female; Male
Adolescent
Adult
Aged
**Captopril: AE, adverse effects**
Child
*Evaluation Studies: MT, methods
*Eye Diseases: CI, chemically induced
Eye Diseases: PP, physiopathology
Humans
Middle Aged
*Nifedipine: AE, adverse effects
*Pain: CI, chemically induced
*Product Surveillance, Postmarketing: MT, methods
Taste Disorders: CI, chemically induced
**Vision Disorders: CI, chemically induced**

RN 21829-25-4 (Nifedipine); **62571-86-2 (Captopril)**

L3 ANSWER 9 OF 10 MEDLINE on STN

Full Text | Citing References

AN 87312538 MEDLINE

DN PubMed ID: 3041080

TI Familial hyper-angiotensin converting enzyme (ACE)-emia: increased production of ACE by monocyte-macrophage.

SO Japanese journal of medicine, (1987 May) 26 (2) 140-6.
Journal code: 0247713. ISSN: 0021-5120.

AB We report here a familial clustering of elevated serum angiotensin

converting enzyme (ACE) levels. The patient was a 58-year-old Japanese female. She had been in excellent health until the age of 45, when she noticed a decrease in **visual acuity** of her left eye. Despite intensive therapy under the diagnosis of occulusion of the central retinal vein, she lost her **visual acuity** at the age of 45. Thereafter, she has been in excellent health. The only abnormality found in this case has been a markedly elevated level of serum ACE (625 n mol/min/ml; normal range; 22-40 n mol/min/ml of serum). Her blood pressure was within normal limits (140/80 mmHg). There was no evidence for the diagnosis of sarcoidosis, Gaucher's disease, leprosy, hyperthyroidism, diabetic retinopathy, or liver disease. One of her two sisters also showed a marked increase in serum ACE activity (303 n mol/min/ml), and remarkably high levels of serum ACE (276 and 294 n mol/min/ml) were demonstrated in both of two sons of this sister. All the members of this family have been in excellent health. The serum ACE activity was activated by chloride and cobalt ions, and inhibited by EDTA, **captopril** and rabbit antiserum to purified human plasma ACE. Thus, our study showed a familial clustering of "hyper-ACE-emia", and the disorder appears to have been inherited as an autosomal dominant trait.

AB . . . 58-year-old Japanese female. She had been in excellent health until the age of 45, when she noticed a decrease in **visual acuity** of her left eye. Despite intensive therapy under the diagnosis of occulusion of the central retinal vein, she lost her **visual acuity** at the age of 45. Thereafter, she has been in excellent health. The only abnormality found in this case has. . . have been in excellent health. The serum ACE activity was activated by chloride and cobalt ions, and inhibited by EDTA, **captopril** and rabbit antiserum to purified human plasma ACE. Thus, our study showed a familial clustering of "hyper-ACE-emia", and the disorder. . .

L3 ANSWER 10 OF 10 MEDLINE on STN

Full Text | Citing References

AN 86114375 MEDLINE

DN PubMed ID: 3910775

TI **Captopril** as a replacement for multiple therapy in hypertension: a controlled study.

SO Journal of hypertension. Supplement : official journal of the International Society of Hypertension, (1985 Nov) 3 (2) S155-8. Journal code: 8501422. ISSN: 0952-1178.

AB A controlled study was conducted in hypertensive patients to investigate whether **captopril** can be substituted for the various other antihypertensive drugs (not including diuretics) to reduce side effects and improve the quality of life. **Captopril** in a twice daily dose of 25-50 mg, was substituted and titrated in 54 patients. Fifty-two patients, matched by age and sex, comprised the control group, and were treated with a variety of agents. During a follow-up of 9 months, 44 of the patients receiving **captopril** (81%) achieved the goal of supine blood pressure less than 90 mmHg. **Captopril** was discontinued in two patients due to side effects. Mild proteinuria was observed in two patients. A significant reduction in scores or rates of side effects (numbness, blurred **vision**, insomnia, vivid dreams, cold extremities, sleepiness, sexual dysfunction and fatigue) and improvement in quality of life (general feeling, mood and concentration) was observed in the study group compared with the control group. **Captopril** alone in a twice daily dose of 25-50 mg, or in co-treatment with thiazide, provided sustained blood pressure control with minimal side effects and improvement in quality of life compared with the treatment of hypertension with beta-blockers, vasodilators or methyldopa.

TI **Captopril** as a replacement for multiple therapy in hypertension: a

controlled study.
AB A controlled study was conducted in hypertensive patients to investigate whether **captopril** can be substituted for the various other antihypertensive drugs (not including diuretics) to reduce side effects and improve the quality of life. **Captopril** in a twice daily dose of 25-50 mg, was substituted and titrated in 54 patients. Fifty-two patients, matched by age. . . group, and were treated with a variety of agents. During a follow-up of 9 months, 44 of the patients receiving **captopril** (81%) achieved the goal of supine blood pressure less than 90 mmHg. **Captopril** was discontinued in two patients due to side effects. Mild proteinuria was observed in two patients. A significant reduction in scores or rates of side effects (numbness, blurred **vision**, insomnia, vivid dreams, cold extremities, sleepiness, sexual dysfunction and fatigue) and improvement in quality of life (general feeling, mood and concentration) was observed in the study group compared with the control group. **Captopril** alone in a twice daily dose of 25-50 mg, or in co-treatment with thiazide, provided sustained blood pressure control with. . .
CT Check Tags: Female; Male
Aged
*Antihypertensive Agents: AD, administration & dosage
**Captopril: AD, administration & dosage**
**Captopril: AE, adverse effects**
***Captopril: TU, therapeutic use**
Clinical Trials
Drug Therapy, Combination
Follow-Up Studies
Humans
Hypertension: BL, blood
*Hypertension: DT, drug therapy
Hypertension: PP,. . .
RN **62571-86-2 (Captopril)**

=> file uspatall
COST IN U.S. DOLLARS SINCE FILE ENTRY TOTAL SESSION
FULL ESTIMATED COST 5.16 5.37

FILE 'USPATFULL' ENTERED AT 18:55:33 ON 02 SEP 2005
CA INDEXING COPYRIGHT (C) 2005 AMERICAN CHEMICAL SOCIETY (ACS)

FILE 'USPAT2' ENTERED AT 18:55:33 ON 02 SEP 2005
CA INDEXING COPYRIGHT (C) 2005 AMERICAN CHEMICAL SOCIETY (ACS)

=> d his

(FILE 'HOME' ENTERED AT 18:51:18 ON 02 SEP 2005)

FILE 'MEDLINE' ENTERED AT 18:51:31 ON 02 SEP 2005
L1 12861 S (ANGIOTENSIN? INHIBITOR OR RAMIPRIL OR RAMIPRILAT OR CAPTOPRI
L2 98470 S (VISUAL? ACUITY OR VISION?)
L3 10 S L1 AND L2

FILE 'USPATFULL, USPAT2' ENTERED AT 18:55:33 ON 02 SEP 2005

=> s l1
L4 4917 L1

=> s l1/clm

```
L5          674 L1/CLM

=> s l2
L6        63226 L2

=> s l2/clm
L7         6714 L2/CLM

=> s l4 and l6
L8          421 L4 AND L6

=> s l5 and l7
L9            1 L5 AND L7

=> d

L9   ANSWER 1 OF 1  USPATFULL on STN
```

Full Text | Citing References

```
AN      2004:70614  USPATFULL
TI      Methods of treatment with CETP inhibitors and antihypertensive agents
IN      Nguyen, Tu Trung, Old Lyme, CT, UNITED STATES
        Revkin, James H., Branford, CT, UNITED STATES
        Ruggeri, Roger B., Waterford, CT, UNITED STATES
        Shear, Charles L., Gales Ferry, CT, UNITED STATES
PA      Pfizer Inc. (U.S. corporation)
PI      US 2004053842       A1   20040318
AI      US 2003-459683      A1   20030610 (10)
PRAI    US 2002-393395P      20020702 (60)
DT      Utility
FS      APPLICATION
LN.CNT 6561
INCL    INCLM: 514/012.000
NCL     NCLM:  514/012.000
IC      [7]
        ICM: A61K038-17
CAS INDEXING IS AVAILABLE FOR THIS PATENT.


=> d kwic

L9   ANSWER 1 OF 1  USPATFULL on STN
```

Citing References

CLM What is claimed is:

. . . lipid disorders associated with insulin resistance, non-insulin dependent diabetes, microvascular diabetic complications, reduced nerve conduction velocity, reduced or loss of **vision**, diabetic retinopathy, increased risk of amputation, decreased kidney function, kidney failure, insulin resistance syndrome, pluri-metabolic syndrome, central adiposity (visceral)(upper body),. . .

. . . 40. A method according to claim 34 wherein said antihypertensive agent is an ACE inhibitor, said ACE inhibitor being benazepril, **captopril**, enalapril, fosinopril, lisinopril, perindopril, quinapril, trandolapri, **ramipril**, zestril, zofenopril, cilaapril, temocapril, spirapril, moexipril, delapril, imidapril, **ramipril**, terazosin, urapidin, indoramin, amolsulalol, alfuzosin or a pharmaceutically acceptable salt thereof.

```
=> s ramipril
L10        1941 RAMIPRIL

=> s ramipril/clm
L11         282 RAMIPRIL/CLM

=> d his

     (FILE 'HOME' ENTERED AT 18:51:18 ON 02 SEP 2005)

     FILE 'MEDLINE' ENTERED AT 18:51:31 ON 02 SEP 2005
L1         12861 S (ANGIOTENSIN? INHIBITOR OR RAMIPRIL OR RAMIPRILAT OR CAPTOPRI
L2         98470 S (VISUAL? ACUITY OR VISION?)
L3            10 S L1 AND L2

     FILE 'USPATFULL, USPAT2' ENTERED AT 18:55:33 ON 02 SEP 2005
L4          4917 S L1
L5           674 S L1/CLM
L6         63226 S L2
L7          6714 S L2/CLM
L8           421 S L4 AND L6
L9             1 S L5 AND L7
L10         1941 S RAMIPRIL
L11          282 S RAMIPRIL/CLM

=> s l4 and l10
L12        1941 L4 AND L10

=> s l6 and l10
L13         302 L6 AND L10

=> s l7 and l11
L14           1 L7 AND L11

=> d

L14  ANSWER 1 OF 1  USPATFULL on STN
```

Full Text | Citing References

```
AN      2004:70614  USPATFULL
TI      Methods of treatment with CETP inhibitors and antihypertensive agents
IN      Nguyen, Tu Trung, Old Lyme, CT, UNITED STATES
        Revkin, James H., Branford, CT, UNITED STATES
        Ruggeri, Roger B., Waterford, CT, UNITED STATES
        Shear, Charles L., Gales Ferry, CT, UNITED STATES
PA      Pfizer Inc. (U.S. corporation)
PI      US 2004053842       A1   20040318
AI      US 2003-459683      A1   20030610 (10)
PRAI    US 2002-393395P      20020702 (60)
DT      Utility
FS      APPLICATION
LN.CNT 6561
INCL    INCLM: 514/012.000
NCL     NCLM:  514/012.000
IC      [7]
        ICM: A61K038-17
CAS INDEXING IS AVAILABLE FOR THIS PATENT.


=> d l13 290-302
```

L13 ANSWER 290 OF 302 USPAT2 on STN

Full Text | Citing References

AN 2003:245000 USPAT2
TI Crystalline salt forms of valsartan
IN Marti, Erwin Ernst, Basel, SWITZERLAND
PA Novartis AG, Basel, SWITZERLAND (non-U.S. corporation)
PI US 6869970 B2 20050322
AI US 2003-353389 20030129 (10)
PRAI US 2002-354199P 20020204 (60)
DT Utility
FS GRANTED
LN.CNT 2690
INCL INCLM: 514/381.000
INCLS: 548/253.000
NCL NCLM: 514/381.000
NCL NCLM: 514/381.000
NCLS: 548/253.000
IC [7]
ICM: A61K031-41
ICS: C07D257-04
EXF 548/253; 514/381
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 291 OF 302 USPAT2 on STN

Full Text | Citing References

AN 2003:4153 USPAT2
TI Method for treating fibrotic diseases with azolium chroman compounds
IN Gall, Martin, Morristown, NJ, United States
PA Alteon, Inc., Ramsey, NJ, United States (U.S. corporation)
PI US 6596745 B2 20030722
AI US 2002-158344 20020530 (10)
PRAI US 2001-294438P 20010530 (60)
DT Utility
FS GRANTED
LN.CNT 1244
INCL INCLM: 514/365.000
INCLS: 514/227.800; 514/233.500; 514/236.800; 514/241.000; 514/247.000;
514/252.130; 514/252.140; 514/253.090; 514/253.100; 514/253.130;
514/254.010; 514/254.020; 514/254.050; 514/254.110; 514/314.000;
514/326.000; 514/342.000; 514/367.000; 514/397.000; 514/399.000;
514/402.000; 514/438.000; 514/439.000; 514/442.000; 514/443.000;
514/444.000; 514/456.000; 514/824.000; 514/838.000; 514/851.000;
514/866.000; 514/878.000
NCL NCLM: 514/365.000
NCL NCLM: 514/363.000
NCLS: 514/227.800; 514/233.500; 514/236.800; 514/241.000; 514/247.000;
514/252.130; 514/252.140; 514/253.090; 514/253.100; 514/253.130;
514/254.010; 514/254.020; 514/254.050; 514/254.110; 514/314.000;
514/326.000; 514/342.000; 514/367.000; 514/397.000; 514/399.000;
514/402.000; 514/438.000; 514/439.000; 514/442.000; 514/443.000;
514/444.000; 514/456.000; 514/838.000; 514/851.000; 514/878.000;
514/235.800; 514/254.030; 514/320.000; 514/364.000
IC [7]
ICM: A61K031-427
ICS: A61K031-38
EXF 514/365; 514/227.8; 514/236.8; 514/314; 514/326; 514/342; 514/367;
514/233.5; 514/241; 514/247; 514/252.13; 514/252.14; 514/253.09;

514/253.1; 514/253.13; 514/254.01; 514/254.02; 514/254.05; 514/254.11; 514/397; 514/399; 514/402; 514/438; 514/439; 514/442; 514/443; 514/444; 514/456
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 292 OF 302 USPAT2 on STN
Full Text | Citing References

AN 2002:323151 USPAT2
TI Method for treating fibrotic diseases or other indications IIC
IN Wagle, Dilip, New York, NY, United States
Gall, Martin, Morristown, NJ, United States
Bell, Stanley C., Narberth, PA, United States
LaVoie, Edmond J., Princeton Junction, NJ, United States
PA Alteon, Inc., Ramsey, NJ, United States (U.S. corporation)
PI US 6596744 B2 20030722
AI US 2001-38116 20011231 (10)
PRAI US 2001-296247P 20010606 (60)
US 2001-259239P 20010102 (60)
US 2000-259107P 20001229 (60)
DT Utility
FS GRANTED
LN.CNT 1715
INCL INCLM: 514/365.000
INCLS: 514/367.000
NCL NCLM: 514/365.000
NCL NCLM: 514/227.800
NCLS: 514/367.000; 514/235.500; 514/242.000; 514/252.050; 514/255.050; 514/256.000; 514/326.000; 514/340.000; 514/341.000; 514/374.000; 514/396.000
IC [7]
ICM: A61K031-425
EXF 514/365; 514/367
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 293 OF 302 USPAT2 on STN
Full Text | Citing References

AN 2002:307870 USPAT2
TI Human secreted protein HTEEB42
IN Ruben, Steven M., Olney, MD, UNITED STATES
Rosen, Craig A., Laytonsville, MD, UNITED STATES
Zeng, Zhizhen, Lansdale, PA, UNITED STATES
PA Human Genome Sciences, Inc., Rockville, MD, UNITED STATES (U.S. corporation)
PI US 6878806 B2 20050412
AI US 2001-852797 20010511 (9)
RLI Continuation-in-part of Ser. No. US 1998-152060, filed on 11 Sep 1998, Pat. No. US 6448230 Continuation-in-part of Ser. No. WO 1998-US4858, filed on 12 Mar 1998, PENDING
PRAI US 2001-265583P 20010202 (60)
US 1997-68368P 19971219 (60)
US 1997-57765P 19970905 (60)
US 1997-50934P 19970530 (60)
US 1997-48970P 19970606 (60)
US 1997-48357P 19970530 (60)
US 1997-48189P 19970530 (60)
US 1997-48100P 19970530 (60)
US 1997-40762P 19970314 (60)
US 1997-40710P 19970314 (60)

DT Utility
FS GRANTED
LN.CNT 17683
INCL INCLM: 530/350.000
INCLS: 530/350.000; 530/300.000; 435/007.100; 435/069.100; 435/325.000; 435/320.100; 514/002.000; 514/012.000; 514/021.000
NCL NCLM: 530/350.000
NCL NCLM: 435/069.100
NCLS: 435/007.100; 435/069.100; 435/320.100; 435/325.000; 530/300.000; 435/226.000; 536/023.200
IC [7]
ICM: C07K001-00
EXF 530/350; 530/300; 435/7.1; 435/69.1; 435/325; 435/320.1; 514/2; 514/12; 514/21
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 294 OF 302 USPAT2 on STN
Full Text | Citing References

AN 2002:287628 USPAT2
TI Nucleic acids encoding human serpin polypeptide HMCIS41
IN Ni, Jian, Germantown, MD, United States
Ruben, Steven M., Olney, MD, United States
Shi, Yanggu, Gaithersburg, MD, United States
PA Human Genome Sciences, Inc., Rockville, MD, United States (U.S. corporation)
PI US 6753164 B2 20040622
AI US 2001-912628 20010726 (9)
RLI Continuation-in-part of Ser. No. WO 2001-US2484, filed on 26 Jan 2001
Continuation-in-part of Ser. No. WO 2000-US5082, filed on 29 Feb 2000
PRAI US 2000-178769P 20000128 (60)
DT Utility
FS GRANTED
LN.CNT 12237
INCL INCLM: 435/069.100
INCLS: 435/071.100; 435/320.100; 435/471.000; 435/252.300; 435/325.000; 536/023.500; 530/351.000
NCL NCLM: 435/069.100
NCL NCLM: 435/226.000
NCLS: 435/071.100; 435/252.300; 435/320.100; 435/325.000; 435/471.000; 530/351.000; 536/023.500; 536/023.200
IC [7]
ICM: C12N015-12
ICS: C12N005-10; C12P021-02; C07K014-47
EXF 435/69.1; 435/71.1; 435/320.1; 435/471; 435/252.3; 435/325; 536/23.5; 530/351
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 295 OF 302 USPAT2 on STN
Full Text | Citing References

AN 2002:165193 USPAT2
TI Nucleic acids, proteins, and antibodies
IN Rosen, Craig A., Laytonsville, MD, UNITED STATES
Ruben, Steven M., Olney, MD, UNITED STATES
Barash, Steven C., Rockville, MD, UNITED STATES
PI US 2003139327 A9 20030724
AI US 2001-764886 A1 20010117 (9)
PRAI US 2000-179065P 20000131 (60)
US 2000-180628P 20000204 (60)

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|---|---|
| US 2000-214886P | 20000628 (60) |
| US 2000-217487P | 20000711 (60) |
| US 2000-225758P | 20000814 (60) |
| US 2000-220963P | 20000726 (60) |
| US 2000-217496P | 20000711 (60) |
| US 2000-225447P | 20000814 (60) |
| US 2000-218290P | 20000714 (60) |
| US 2000-225757P | 20000814 (60) |
| US 2000-226868P | 20000822 (60) |
| US 2000-216647P | 20000707 (60) |
| US 2000-225267P | 20000814 (60) |
| US 2000-216880P | 20000707 (60) |
| US 2000-225270P | 20000814 (60) |
| US 2000-251869P | 20001208 (60) |
| US 2000-235834P | 20000927 (60) |
| US 2000-234274P | 20000921 (60) |
| US 2000-234223P | 20000921 (60) |
| US 2000-228924P | 20000830 (60) |
| US 2000-224518P | 20000814 (60) |
| US 2000-236369P | 20000929 (60) |
| US 2000-224519P | 20000814 (60) |
| US 2000-220964P | 20000726 (60) |
| US 2000-241809P | 20001020 (60) |
| US 2000-249299P | 20001117 (60) |
| US 2000-236327P | 20000929 (60) |
| US 2000-241785P | 20001020 (60) |
| US 2000-244617P | 20001101 (60) |
| US 2000-225268P | 20000814 (60) |
| US 2000-236368P | 20000929 (60) |
| US 2000-251856P | 20001208 (60) |
| US 2000-251868P | 20001208 (60) |
| US 2000-229344P | 20000901 (60) |
| US 2000-234997P | 20000925 (60) |
| US 2000-229343P | 20000901 (60) |
| US 2000-229345P | 20000901 (60) |
| US 2000-229287P | 20000901 (60) |
| US 2000-229513P | 20000905 (60) |
| US 2000-231413P | 20000908 (60) |
| US 2000-229509P | 20000905 (60) |
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| IC | [7] | |
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| | ICS: C07H021-04; C12N009-00; C12P021-02; C12N005-06 | |

CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 296 OF 302 USPAT2 on STN

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ICS: C07H021-04; C12N009-00; C12P021-02; C12N005-06
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

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DT Utility
FS APPLICATION
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ICM: A61K038-17
ICS: C07H021-04; C12N009-00; C12P021-02; C12N005-06
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| US 2000-240960P | 20001020 (60) |
| US 2000-239935P | 20001013 (60) |
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| US 2000-249216P | 20001117 (60) |
| US 2000-249210P | 20001117 (60) |
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| US 2000-225759P | 20000814 (60) |
| US 2000-225213P | 20000814 (60) |
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| US 2000-225214P | 20000814 (60) |
| US 2000-235836P | 20000927 (60) |
| US 2000-230438P | 20000906 (60) |
| US 2000-215135P | 20000630 (60) |
| US 2000-225266P | 20000814 (60) |

US 2000-249218P 20001117 (60)
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US 2000-231244P 20000908 (60)
US 2000-233064P 20000914 (60)
US 2000-233063P 20000914 (60)
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US 2000-232399P 20000914 (60)
US 2000-232401P 20000914 (60)
US 2000-241808P 20001020 (60)
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US 2000-232398P 20000914 (60)
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US 2000-251030P 20001205 (60)
US 2000-251479P 20001206 (60)
US 2000-256719P 20001205 (60)
US 2000-250160P 20001201 (60)
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US 2000-254097P 20001211 (60)
US 2000-231968P 20000912 (60)

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        US 2000-226279P     20000818 (60)
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        US 2000-184664P     20000224 (60)
        US 2000-189874P     20000316 (60)
        US 2000-198123P     20000418 (60)
        US 2000-227009P     20000823 (60)
        US 2000-235484P     20000926 (60)
        US 2000-190076P     20000317 (60)
        US 2000-209467P     20000607 (60)
        US 2000-205515P     20000519 (60)
        US 2001-259678P     20010105 (60)
DT      Utility
FS      APPLICATION
LN.CNT 22023
INCL    INCLM: 514/001.000
        INCLS: 435/006.000; 435/069.100; 435/325.000; 435/320.100; 536/023.200
NCL     NCLM:  514/001.000
NCL     NCLM:  514/001.000
        NCLS:  435/006.000; 435/069.100; 435/320.100; 435/325.000; 536/023.200
IC      [7]
        ICM: A61K031-00
        ICS: C12Q001-68; C07H021-04; C12P021-02; C12N005-06
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13  ANSWER 299 OF 302  USPAT2 on STN
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Full Text | Citing References

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AN      2002:164735  USPAT2
TI      Nucleic acids, proteins, and antibodies
IN      Rosen, Craig A., Laytonsville, MD, UNITED STATES
        Ruben, Steven M., Olney, MD, UNITED STATES
        Barash, Steven C., Rockville, MD, UNITED STATES
PI      US 2004101927       A9   20040527
AI      US 2001-764856      A1   20010117 (9)
PRAI    US 2000-179065P      20000131 (60)
        US 2000-180628P      20000204 (60)
        US 2000-214886P      20000628 (60)
        US 2000-217487P      20000711 (60)
        US 2000-225758P      20000814 (60)
        US 2000-220963P      20000726 (60)
        US 2000-217496P      20000711 (60)
        US 2000-225447P      20000814 (60)
        US 2000-218290P      20000714 (60)
        US 2000-225757P      20000814 (60)
        US 2000-226868P      20000822 (60)
        US 2000-216647P      20000707 (60)
        US 2000-225267P      20000814 (60)
        US 2000-216880P      20000707 (60)
        US 2000-225270P      20000814 (60)
        US 2000-251869P      20001208 (60)
        US 2000-235834P      20000927 (60)
        US 2000-234274P      20000921 (60)
        US 2000-234223P      20000921 (60)
        US 2000-228924P      20000830 (60)
        US 2000-224518P      20000814 (60)
        US 2000-236369P      20000929 (60)
        US 2000-224519P      20000814 (60)
        US 2000-220964P      20000726 (60)
        US 2000-241809P      20001020 (60)
        US 2000-249299P      20001117 (60)
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US 2000-236327P 20000929 (60)
US 2000-241785P 20001020 (60)
US 2000-244617P 20001101 (60)
US 2000-225268P 20000814 (60)
US 2000-236368P 20000929 (60)
US 2000-251856P 20001208 (60)
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| | US 2000-246611P | 20001108 (60) |
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| | US 2000-251990P | 20001208 (60) |
| | US 2000-251988P | 20001205 (60) |
| | US 2000-251030P | 20001205 (60) |
| | US 2000-251479P | 20001206 (60) |
| | US 2000-256719P | 20001205 (60) |
| | US 2000-250160P | 20001201 (60) |
| | US 2000-251989P | 20001208 (60) |
| | US 2000-250391P | 20001201 (60) |
| | US 2000-254097P | 20001211 (60) |
| | US 2000-231968P | 20000912 (60) |
| | US 2000-226279P | 20000818 (60) |
| | US 2000-186350P | 20000302 (60) |
| | US 2000-184664P | 20000224 (60) |
| | US 2000-189874P | 20000316 (60) |
| | US 2000-198123P | 20000418 (60) |
| | US 2000-227009P | 20000823 (60) |
| | US 2000-235484P | 20000926 (60) |
| | US 2000-190076P | 20000317 (60) |
| | US 2000-209467P | 20000607 (60) |
| | US 2000-205515P | 20000519 (60) |
| | US 2001-259678P | 20010105 (60) |
| DT | Utility | |
| FS | APPLICATION | |
| LN.CNT | 23314 | |
| INCL | INCLM: 435/069.100 | |
| | INCLS: 435/325.000; 435/320.100; 536/023.200 | |
| NCL | NCLM: 435/069.100 | |
| NCL | NCLM: 435/069.100 | |
| | NCLS: 435/320.100; 435/325.000; 536/023.200 | |
| IC | [7] | |
| | ICM: C12P021-02 | |

ICS: C07H021-04; C12N005-06
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 300 OF 302 USPAT2 on STN
Full Text | Citing References

AN 2002:148614 USPAT2
TI Antibodies to protein HPMBQ91
IN Ruben, Steven M., Brookevile, MD, UNITED STATES
Rosen, Craig A., Laytonsville, MD, UNITED STATES
Li, Yi, Sunnyvale, CA, UNITED STATES
Zeng, Zhizhen, Lansdale, PA, UNITED STATES
Kyaw, Hla, Boonsboro, MD, UNITED STATES
Fischer, Carrie L., Burke, VA, UNITED STATES
Li, Haodong, Gaithersburg, MD, UNITED STATES
Soppet, Daniel R., Centreville, VA, UNITED STATES
Gentz, Reiner L., Belo Horizonte, BRAZIL
Wei, Ying-Fei, Berkeley, CA, UNITED STATES
Moore, Paul A., Germantown, MD, UNITED STATES
Young, Paul E., Gaithersburg, MD, UNITED STATES
Greene, John M., Gaithersburg, MD, UNITED STATES
Ferrie, Ann M., Painted Post, NY, UNITED STATES
Hastings, Gregg A., Westlake Village, CA, UNITED STATES
PA Human Genome Sciences, Inc., Rockville, MD, UNITED STATES (U.S. corporation)
PI US 6919433 B2 20050719
AI US 2001-853161 20010511 (9)
RLI Continuation-in-part of Ser. No. US 1998-152060, filed on 11 Sep 1998, PENDING Continuation-in-part of Ser. No. WO 1998-US4868, filed on 12 Mar 1998, Pat. No. WO 6448230
PRAI US 2001-265583P 20010202 (60)
US 1997-40762P 19970314 (60)
US 1997-40710 19970314 (06)
US 1997-50934P 19970530 (60)
US 1997-48100P 19970530 (60)
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US 1997-57765P 19970905 (60)
US 1997-48970P 19970606 (60)
US 1997-68368P 19971219 (60)
DT Utility
FS GRANTED
LN.CNT 17866
INCL INCLM: 530/387.100
INCLS: 435/326.000; 435/328.000; 435/331.000; 530/350.000
NCL NCLM: 435/069.100
NCLS: 435/320.100; 435/325.000; 530/350.000; 536/023.500
IC [7]
ICM: C07K016-18
ICS: C07K001-00; C12N005-06; C12N005-16
EXF 530/387.1; 530/350; 435/326; 435/328; 435/331
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 301 OF 302 USPAT2 on STN
Full Text | Citing References

AN 2002:126332 USPAT2
TI Human protein tyrosine phosphatase polynucleotides, polypeptides, and antibodies
IN Shi, Yanggu, Gaithersburg, MD, United States

Ruben, Steven M., Olney, MD, United States
PA Human Genome Sciences, Inc., Rockville, MD, United States (U.S. corporation)
PI US 6770466 B2 20040803
AI US 2001-906779 20010718 (9)
RLI Continuation-in-part of Ser. No. WO 2001-US1563, filed on 17 Jan 2001
PRAI US 2000-176306P 20000118 (60)
DT Utility
FS GRANTED
LN.CNT 11925
INCL INCLM: 435/194.000
INCLS: 435/252.300; 435/320.100; 536/023.200
NCL NCLM: 435/194.000
NCL NCLM: 435/183.000
NCLS: 435/252.300; 435/320.100; 536/023.200; 435/006.000; 435/069.100; 435/325.000
IC [7]
ICM: C12N009-12
ICS: C12N001-20; C12N015-00; C07H021-04
EXF 435/194; 435/252.3; 435/320.1; 435/21; 536/23.2
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 302 OF 302 USPAT2 on STN
Full Text | Citing References
AN 2002:99503 USPAT2
TI Compositions and methods for treating or preventing diseases of body passageways
IN Hunter, William L., Vancouver, CANADA
Machan, Lindsay S., Vancouver, CANADA
PA Angiotech Pharmaceuticals, Inc., Vancouver, CANADA (non-U.S. corporation)
The University of British Columbia, Vancouver, CANADA (non-U.S. corporation)
PI US 6759431 B2 20040706
AI US 2001-933652 20010820 (9)
RLI Continuation of Ser. No. US 1996-653207, filed on 24 May 1996, now abandoned
DT Utility
FS GRANTED
LN.CNT 5251
INCL INCLM: 514/449.000
INCLS: 424/501.000; 424/426.000; 424/403.000
NCL NCLM: 514/449.000
NCL NCLM: 514/449.000
NCLS: 424/403.000; 424/426.000; 424/501.000; 424/486.000
IC [7]
ICM: A61P035-00
ICS: A61K009-16; A61K031-337
EXF 514/449; 514/824; 424/501; 424/426; 424/423
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

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L13 ANSWER 279 OF 302 USPATFULL on STN
Full Text | Citing References
AN 2002:22131 USPATFULL
TI 18 Human secreted proteins

IN Shi, Yanggu, Gaithersburg, MD, UNITED STATES
Young, Paul E., Gaithersburg, MD, UNITED STATES
Ebner, Reinhard, Gaithersburg, MD, UNITED STATES
Soppet, Daniel R., Centreville, VA, UNITED STATES
Ruben, Steven M., Olney, MD, UNITED STATES
PI US 2002012966 A1 20020131
AI US 2001-768826 A1 20010125 (9)
RLI Continuation-in-part of Ser. No. WO 2000-US22350, filed on 15 Aug 2000, UNKNOWN
PRAI US 1999-148759P 19990816 (60)
DT Utility
FS APPLICATION
LN.CNT 18157
INCL INCLM: 435/069.100
INCLS: 435/325.000; 435/183.000; 530/350.000; 536/023.100
NCL NCLM: 435/069.100
NCLS: 435/183.000; 435/325.000; 530/350.000; 536/023.100
IC [7]
ICM: C12P021-02
ICS: C07H021-04; C12N009-00; C12N005-08
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 280 OF 302 USPATFULL on STN
Full Text | Citing References
AN 2002:12261 USPATFULL
TI Uteroglobin-like polynucleotides, polypeptides, and antibodies
IN Ni, Jian, Germantown, MD, UNITED STATES
Ruben, Steven M., Olney, MD, UNITED STATES
PI US 2002006640 A1 20020117
AI US 2001-846258 A1 20010502 (9)
RLI Continuation-in-part of Ser. No. WO 2000-US30326, filed on 3 Nov 2000, UNKNOWN
PRAI US 1999-163395P 19991104 (60)
DT Utility
FS APPLICATION
LN.CNT 12076
INCL INCLM: 435/069.100
INCLS: 435/325.000; 435/006.000; 435/007.100; 514/044.000; 530/350.000; 536/023.500
NCL NCLM: 435/069.100
NCLS: 435/006.000; 435/007.100; 435/325.000; 514/044.000; 530/350.000; 536/023.500
IC [7]
ICM: C12P021-02
ICS: C12N005-06; A61K048-00; C07K014-72; C12Q001-68; G01N033-53; C07H021-04
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 281 OF 302 USPATFULL on STN
Full Text | Citing References
AN 2002:8489 USPATFULL
TI Retinoid receptor interacting polynucleotides, polypeptides, and antibodies
IN Shi, Yanggu, Gaithersburg, MD, UNITED STATES
Ruben, Steven M., Olney, MD, UNITED STATES
PI US 2002004489 A1 20020110
AI US 2001-788600 A1 20010221 (9)
RLI Continuation-in-part of Ser. No. WO 2000-US22351, filed on 15 Aug 2000,

UNKNOWN
PRAI US 1999-148757P 19990816 (60)
US 2000-189026P 20000314 (60)
DT Utility
FS APPLICATION
LN.CNT 11257
INCL INCLM: 514/044.000
INCLS: 536/023.500; 530/350.000; 435/069.100; 435/325.000; 530/388.220
NCL NCLM: 514/044.000
NCLS: 435/069.100; 435/325.000; 530/350.000; 530/388.220; 536/023.500
IC [7]
ICM: A61K048-00
ICS: C07H021-04; C12P021-02; C12N005-06; C07K014-705; C07K016-28
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 282 OF 302 USPATFULL on STN
Full Text | Citing References
AN 2001:93490 USPATFULL
TI Antisense oligonucleotide compositions targeted to angiotensin converting enzyme MRNA and methods of use
IN Moore, Mark D., Houston, TX, United States
Phillips, M. Ian, Gainesville, FL, United States
Mohuczy, Dagmara, Gainesville, FL, United States
PA University of Florida, Gainesville, FL, United States (U.S. corporation)
PI US 6248724 B1 20010619
AI US 1998-162484 19980925 (9)
PRAI US 1997-59661P 19970925 (60)
DT Utility
FS GRANTED
LN.CNT 4383
INCL INCLM: 514/044.000
INCLS: 435/006.000; 435/091.100; 435/325.000; 435/375.000; 536/023.100; 536/024.300; 536/024.330; 536/024.500; 536/024.310
NCL NCLM: 514/044.000
NCLS: 435/006.000; 435/091.100; 435/325.000; 435/375.000; 536/023.100; 536/024.300; 536/024.310; 536/024.330; 536/024.500
IC [7]
ICM: A61K031-70
ICS: A01N043-04; C07H021-04; C12Q001-68; C12N005-00
EXF 514/44; 435/375; 435/91.1; 435/6; 435/325; 530/24.31; 536/23.1; 536/24.3; 536/24.5; 536/24.33
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 283 OF 302 USPATFULL on STN
Full Text | Citing References
AN 2001:25921 USPATFULL
TI Compositions and methods for treating bladder dysfunction
IN Kifor, Imre, Methuen, MA, United States
Williams, Gordon, Belmont, MA, United States
Sullivan, Maryrose P., Quincy, MA, United States
PA The Brigham and Women's Hospital, Inc., Boston, MA, United States (U.S. corporation)
PI US 6191156 B1 20010220
AI US 1998-47562 19980325 (9)
PRAI US 1997-4874P 19970411 (60)
US 1997-4875P 19970411 (60)
DT Utility
FS Granted

LN.CNT 1953
INCL INCLM: 514/381.000
INCLS: 514/015.000; 514/016.000; 514/316.000; 514/327.000; 514/328.000; 514/303.000; 514/311.000; 514/381.000
NCL NCLM: 514/381.000
NCLS: 514/015.000; 514/016.000; 514/303.000; 514/311.000; 514/316.000; 514/327.000; 514/328.000
IC [7]
ICM: A61K031-14
EXF 514/381; 514/15; 514/116; 514/316; 514/327; 514/328; 514/303; 514/311; 514/387
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 284 OF 302 USPATFULL on STN
Full Text | Citing References
AN 1999:110367 USPATFULL
TI Methods and means for drug administration
IN Stjernschantz, Johan, Uppsala, Sweden
Selen, Goran, Uppsala, Sweden
PA Pharmacia & Upjohn AB, Stockholm, Sweden (non-U.S. corporation)
PI US 5952378 19990914
WO 9605840 19960229
AI US 1997-793043 19970605 (8)
WO 1995-SE962 19950824
19970605 PCT 371 date
19970605 PCT 102(e) date
PRAI SE 1994-2816 19940824
DT Utility
FS Granted
LN.CNT 425
INCL INCLM: 514/530.000
INCLS: 514/573.000; 514/912.000
NCL NCLM: 514/530.000
NCLS: 514/573.000; 514/912.000
IC [6]
ICM: A61K031-215
ICS: A61K031-19
EXF 514/530; 514/573; 514/912
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 285 OF 302 USPATFULL on STN
Full Text | Citing References
AN 91:62783 USPATFULL
TI Method for inhibiting loss of cognitive functions employing a calcium channel blocker alone or in combination with an ACE inhibitor
IN Horovitz, Zola P., Princeton, NJ, United States
PA E. R. Squibb & Sons, Inc., Princeton, NJ, United States (U.S. corporation)
PI US 5037821 19910806
AI US 1989-328973 19890327 (7)
RLI Continuation-in-part of Ser. No. US 1988-203173, filed on 1 Jun 1988, now abandoned
DT Utility
FS Granted
LN.CNT 1168
INCL INCLM: 514/211.000
INCLS: 514/213.000; 540/522.000; 540/523.000; 546/204.000
NCL NCLM: 514/091.000

NCLS: 514/211.070; 514/212.070; 540/522.000; 540/523.000; 546/204.000
IC [5]
ICM: A01N043-46
ICS: A61K031-55; C07D223-16; C07D281-10
EXF 514/211; 514/213; 514/411; 514/413; 514/423; 540/522; 540/523; 546/204; 546/208
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 286 OF 302 USPAT2 on STN

Full Text | Citing References

AN 2004:221354 USPAT2
TI Albumin fusion proteins
IN Rosen, Craig A., Laytonsville, MD, UNITED STATES
Haseltine, William A., Washington, DC, UNITED STATES
PA Human Genome Sciences, Inc., Rockville, MD, UNITED STATES (U.S. corporation)
PI US 6926898 B2 20050809
AI US 2001-832929 20010412 (9)
PRAI US 2000-256931P 20001221 (60)
US 2000-199384P 20000425 (60)
US 2000-229358P 20000412 (60)
DT Utility
FS GRANTED
LN.CNT 18544
INCL INCLM: 424/192.100
INCLS: 435/007.100; 435/006.000; 435/320.100; 530/350.000; 530/300.000; 530/387.100; 536/023.100; 514/002.000; 514/012.000
NCL NCLM: 424/192.100
NCLS: 435/007.100; 435/006.000; 435/320.100; 530/350.000; 530/300.000; 530/387.100; 536/023.100; 514/002.000; 514/012.000
IC [7]
ICM: A61K039-00
EXF 424/192.1; 435/7.1; 435/6; 435/320.1; 530/350; 530/300; 530/387.1; 536/23.1; 514/2; 514/12
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13 ANSWER 287 OF 302 USPAT2 on STN

Full Text | Citing References

AN 2004:58184 USPAT2
TI Secreted protein HHTLF25
IN Rosen, Craig A., Laytonsville, MD, UNITED STATES
Ruben, Steven M., Olney, MD, UNITED STATES
LaFleur, David W., Washington, DC, UNITED STATES
PA Human Genome Sciences, Inc., Rockville, MD, UNITED STATES (U.S. corporation)
PI US 6924354 B2 20050802
AI US 2001-973278 20011010 (9)
RLI Continuation-in-part of Ser. No. US 1999-227357, filed on 8 Jan 1999, Pat. No. US 6342581, issued on 29 Jan 2002 Continuation-in-part of Ser. No. WO 1998-US13684, filed on 7 Jul 1998, PENDING
PRAI US 2000-239899P 20001013 (60)
US 1997-51926P 19970708 (60)
US 1997-52793P 19970708 (60)
US 1997-51925 19970708 (06)
US 1997-51929P 19970708 (60)
US 1997-52803P 19970708 (60)
US 1997-52732P 19970708 (60)
US 1997-51931P 19970708 (60)

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        US 1997-51932P      19970708 (60)
        US 1997-51916P      19970708 (60)
        US 1997-51930P      19970708 (60)
        US 1997-51918P      19970708 (60)
        US 1997-51920P      19970708 (60)
        US 1997-52733P      19970708 (60)
        US 1997-52795P      19970708 (60)
        US 1997-51919P      19970708 (60)
        US 1997-51928P      19970708 (60)
        US 1997-55722P      19970818 (60)
        US 1997-55723P      19970818 (60)
        US 1997-55948P      19970818 (60)
        US 1997-55949P      19970818 (60)
        US 1997-55953P      19970818 (60)
        US 1997-55950P      19970818 (60)
        US 1997-55947P      19970818 (60)
        US 1997-55964P      19970818 (60)
        US 1997-56360P      19970818 (60)
        US 1997-55684P      19970818 (60)
        US 1997-55984P      19970818 (60)
        US 1997-55954P      19970818 (60)
        US 1997-58785P      19970912 (60)
        US 1997-58664P      19970912 (60)
        US 1997-58660P      19970912 (60)
        US 1997-58661P      19970912 (60)
DT      Utility
FS      GRANTED
LN.CNT 36245
INCL    INCLM: 530/350.000
        INCLS: 530/300.000; 536/023.100; 536/023.500
NCL     NCLM:  530/350.000
        NCLS:  530/300.000; 536/023.100; 536/023.500
IC      [7]
        ICM: C07K001-00
        ICS: A61K038-00
EXF     530/300; 530/350; 530/387.1; 536/23.1; 536/23.5; 536/24.1; 424/134.1;
        435/69.1
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13  ANSWER 288 OF 302  USPAT2 on STN
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Full Text | Citing References

```
AN      2003:319397  USPAT2
TI      Method for treating fibrotic diseases or other indications utilizing
        thiazole, oxazole and imidazole compounds
IN      Wagle, Dilip, New York, NY, United States
        Gall, Martin, Morristown, NJ, United States
        Bell, Stanley C., Narberth, PA, United States
        LaVoie, Edmond J., Princeton Junction, NJ, United States
PA      Alteon, Inc., Parsippany, NJ, United States (U.S. corporation)
PI      US 6770663          B2   20040803
AI      US 2003-440896           20030519 (10)
RLI     Continuation of Ser. No. US 2001-38116, filed on 31 Dec 2001, now
        patented, Pat. No. US 6596744
PRAI    US 2001-296247P      20010606 (60)
        US 2001-259239P      20010102 (60)
        US 2000-259107P      20001229 (60)
DT      Utility
FS      GRANTED
LN.CNT 1808
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INCL    INCLM: 514/365.000
        INCLS: 514/367.000; 514/458.000; 514/470.000; 514/474.000; 514/725.000;
               424/643.000; 424/702.000
NCL     NCLM:  514/365.000
NCL     NCLM:  514/365.000
        NCLS:  424/643.000; 424/702.000; 514/367.000; 514/458.000; 514/470.000;
               514/474.000; 514/725.000; 514/018.000; 514/210.200; 514/227.800;
               514/235.500; 514/235.800; 514/254.020; 514/254.050; 514/326.000;
               514/374.000; 514/396.000; 514/440.000
IC      [7]
        ICM: A61K031-425
        ICS: A61K031-355; A61K031-34; A61K031-07; A61K033-32; A61K033-04
EXF     514/365; 514/367; 514/458; 514/474; 514/470; 514/725; 424/643; 424/702
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

L13  ANSWER 289 OF 302  USPAT2 on STN
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Full Text | Citing References

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AN      2003:312278  USPAT2
TI      Albumin fusion proteins
IN      Rosen, Craig A., Laytonsville, MD, UNITED STATES
        Haseltine, William A., Washington, DC, UNITED STATES
PA      Human Genome Sciences, Inc., Rockville, MD, UNITED STATES (U.S.
        corporation)
PI      US 6905688          B2   20050614
AI      US 2001-833118           20010412 (9)
PRAI    US 2000-229358P     20000412 (60)
        US 2000-256931P     20001221 (60)
        US 2000-199384P     20000425 (60)
DT      Utility
FS      GRANTED
LN.CNT 16530
INCL    INCLM: 424/192.100
        INCLS: 435/007.100; 435/006.000; 435/320.100; 530/350.000; 530/300.000;
               536/023.100; 514/002.000; 514/012.000
NCL     NCLM:  424/192.100
NCL     NCLM:  435/069.700
        NCLS:  435/006.000; 435/007.100; 435/320.100; 514/002.000; 514/012.000;
               530/300.000; 530/350.000; 536/023.100; 435/325.000; 530/362.000;
               536/023.500
IC      [7]
        ICM: A61K039-00
EXF     514/2; 424/192.1; 530/350; 530/300; 435/7.1; 435/6; 435/320.1; 536/23.1
CAS INDEXING IS AVAILABLE FOR THIS PATENT.


=> e rekik/in
E1            4     REKIETA DAVID W/IN
E2            5     REKIETA THOMAS W/IN
E3            0 --> REKIK/IN
E4            1     REKILA ILKKA/IN
E5           79     REKIMOTO JUNICHI/IN
E6            1     REKIMOTO JUNICHI A/IN
E7            1     REKINEN TERO/IN
E8            1     REKIOJA MARKKU/IN
E9            1     REKITTKE HORST/IN
E10           1     REKKA ELENI/IN
E11           1     REKKEDAL BJARNE IDAR/IN
E12           1     REKKEDAL MAGNUS/IN
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     FILE 'MEDLINE' ENTERED AT 18:51:31 ON 02 SEP 2005
L1         12861 SEA (ANGIOTENSIN? INHIBITOR OR RAMIPRIL OR RAMIPRILAT OR
                  CAPTOPRIL OR ENALAPRILAT)
L2         98470 SEA (VISUAL? ACUITY OR VISION?)
L3            10 SEA L1 AND L2
                  D 1-10
                  D AN DN TI SO AB KWIC 3-10

     FILE 'USPATFULL, USPAT2' ENTERED AT 18:55:33 ON 02 SEP 2005
L4          4917 SEA L1
L5           674 SEA L1/CLM
L6         63226 SEA L2
L7          6714 SEA L2/CLM
L8           421 SEA L4 AND L6
L9             1 SEA L5 AND L7
                  D
                  D KWIC
L10         1941 SEA RAMIPRIL
L11          282 SEA RAMIPRIL/CLM
L12         1941 SEA L4 AND L10
L13          302 SEA L6 AND L10
L14            1 SEA L7 AND L11
                  D
                  D L13 290-302
                  D L13 279-289
                  E REKIK/IN


     FILE HOME

     FILE MEDLINE
      FILE LAST UPDATED: 2 SEP 2005 (20050902/UP).  FILE COVERS 1950 TO DATE.

      On December 19, 2004, the 2005 MeSH terms were loaded.

      The MEDLINE reload for 2005 is now available.  For details enter HELP
      RLOAD at an arrow promt (=>).  See also:

         http://www.nlm.nih.gov/mesh/
         http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

      OLDMEDLINE now back to 1950.

      MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the
      MeSH 2005 vocabulary.

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      substance identification.

     FILE USPATFULL
     FILE COVERS 1971 TO PATENT PUBLICATION DATE: 1 Sep 2005 (20050901/PD)
     FILE LAST UPDATED: 1 Sep 2005 (20050901/ED)
     HIGHEST GRANTED PATENT NUMBER: US6938271
     HIGHEST APPLICATION PUBLICATION NUMBER: US2005193458
     CA INDEXING IS CURRENT THROUGH 1 Sep 2005 (20050901/UPCA)
     ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 1 Sep 2005 (20050901/PD)
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USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Jun 2005

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>>>  publications.  The publication number, patent kind code, and     <<<
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>>>  are displayed in the PI (Patent Information) field of USPATFULL  <<<
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>>>  the earliest to the latest publication.                          <<<

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substance identification.

FILE USPAT2

FILE COVERS 2001 TO PUBLICATION DATE: 1 Sep 2005 (20050901/PD)
FILE LAST UPDATED: 1 Sep 2005 (20050901/ED)
HIGHEST GRANTED PATENT NUMBER: US2005139861
HIGHEST APPLICATION PUBLICATION NUMBER: US2005193458
CA INDEXING IS CURRENT THROUGH 1 Sep 2005 (20050901/UPCA)
ISSUE CLASS FIELDS (/INCL) CURRENT THROUGH: 1 Sep 2005 (20050901/PD)
REVISED CLASS FIELDS (/NCL) LAST RELOADED:  Jun 2005
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Jun 2005

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covered in USPATFULL.  USPATFULL contains full text of the original
published US patents from 1971 to date and the original applications
from 2001.  In addition, a USPATFULL record for an invention contains
a complete list of publications that may be searched in standard
search fields, e.g., /PN, /PK, etc.

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the new cluster USPATALL.  Type FILE USPATALL to enter this cluster.

Use USPATALL when searching terms such as patent assignees,
classifications, or claims, that may potentially change from the
earliest to the latest publication.

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